

APPLICATION DATA SHEET

Application Information

Application Type:: Regular
Subject Matter:: Utility
Title:: Biomarkers for Diagnosing Alzheimer's Disease

Attorney Docket Number:: Le A 36 293

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Özkan
Middle Name::
Family Name:: Yalkinoglu
City of Residence:: Wuppertal
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Rückertweg 26
City of mailing address:: Wuppertal
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: D-42115

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Gerhard
Middle Name::
Family Name:: König
City of Residence:: Arlington
State or Province of Residence:: MA

Country of Residence:: US
Street of mailing address:: 10 Linden Street
City of mailing address:: Arlington
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02476

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Switzerland
Status:: Full Capacity
Given Name:: Denis
Middle Name:: Francois
Family Name:: Hochstrasser
City of Residence:: Collonge-Bellerive
State or Province of Residence::
Country of Residence:: Switzerland
Street of mailing address:: Chemin de la Savonnière
City of mailing address:: Collonge-Bellerive
State or Province of mailing address::
Country of mailing address:: Switzerland
Postal or Zip Code of mailing address:: CH-1245

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Switzerland
Status:: Full Capacity
Given Name:: Jean-Charles
Middle Name::
Family Name:: Sanchez
City of Residence:: Geneva
State or Province of Residence::
Country of Residence:: Switzerland
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Country of mailing address:: Switzerland
Postal or Zip Code of mailing address:: CH-1208

Applicant Authority Type:: Inventor
Primary Citizenship Country:: France
Status:: Full Capacity
Given Name:: Odile
Middle Name::
Family Name:: Carrette
City of Residence:: Roubaix
State or Province of Residence::
Country of Residence:: France
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City of mailing address:: Roubaix
State or Province of mailing address::
Country of mailing address:: France
Postal or Zip Code of mailing address:: F-59100

Correspondence Information

Correspondence Customer Number:: 35969

Representative Information

Representative Customer Number:: 35969

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2003/008879	08/11/2003

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
EP	02018283.8	08/23/2002	YES
EP	02026643.3	11/29/2002	YES

Assignee Information

Assignee name: Bayer Healthcare AG
Street of mailing address:
City of mailing address:: Leverkusen
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: D-51368